

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 6 | 9-12-01 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

Best Available Copy

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 9/12/01 |
| 2 | ✓ | ✓ | 9/12/01 |
| 3 | ✓ | ✓ | 9/12/01 |
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| 5 | ✓ | ✓ | 9/12/01 |
| 6 | ✓ | ✓ | 9/12/01 |
| 7 | ✓ | ✓ | 9/12/01 |
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| 9 | ✓ | ✓ | 9/12/01 |
| 10 | ✓ | ✓ | 9/12/01 |
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| 14 | ✓ | ✓ | 9/12/01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)